## Flexiplace Agreement

Introduction	This is an agreement between the Department of Energy and its employee,
Type of Arrangement	SituationalRegularMedical (doctor's approval required)  (Check the appropriate type)
Dates and Assignments	Situational:
	This agreement will be in effect from to in order to complete the following assignment(s):
	Regular:
	This agreement will be in effect from and will continue (state scheduled day(s) of the week) in order to perform the following regular/recurring tasks of which I am responsible:
Work Schedule	Your work schedule will be to
Alternate Workplace	Your alternate workplace location is The telephone number where you can be reached is
Management's Rights	Management has the right to terminate/modify this agreement at any time, and have reasonable access to you (i.e., by telephone, e-mail, or fax) at your alternate workplace. Based on the urgency of a given situation, management may require you to report to the office within a minimal period of time.
Your Responsibilities	You will perform those work assignments agreed to with your supervisor in the time frame discussed to the extent you have control over the completion of those assignments. You will ensure that you have, or have access to, the appropriate resources to perform those assignments at the alternate workplace. You will be accessible during agreed-upon hours of work. You will safeguard DOE equipment and records and use such equipment and records for official business. You will also safeguard service and maintain any of your own equipment used to perform your work at the alternate workplace. If your workplace is your home, you will maintain it in a reasonably safe condition. You will keep your alternate workplace hazard-free and normally free from distractions. You are bound by the Standards of Conduct for Employees of the Executive Branch and the Department's supplement thereto while working at your alternate workplace. You may terminate this agreement at any time by giving your supervisor notice and returning to your official workplace.

Time and Attendance	Your timekeeper will be provided a copy of your work schedule. Normal rules and procedures apply for authorizing, approving, earning, and using leave. Your time and attendance (T&A) must be reported to your timekeeper and certified by your certifying official, so there is an accounting for all hours included in your agreed-upon work schedule. Your T&A will be reported as though you are at your duty station; however, administrative dismissals are based only on the workplace affected by the dismissal. You will obtain approval in advance for any schedule change, except for unexpected leave situations, which are to be reported as soon as practicable.
Pay, Leave, and Travel	Your pay and leave are based on your duty station. This agreement is not a basis for changing your salary and/or benefits.
Resources Provided	If you are being supplied with a telephone card, you are to follow office procedures for checking it out and returning it. If you provide any resources, you do so at your own expense.
Expenses	You are not authorized to incur any expenses without prior approval.
Performance	Your performance will be evaluated based on the quantity and quality of the work products, the progress on your assignments that you report, and any other appropriate measures, such as timeliness, responsiveness to customer needs, accessibility, etc., your supervisor has communicated to you.
Liability	You assume full responsibility for any damage to personal/real property that may occur as a result of working at an alternate workplace, except to the extent that DOE is held liable under the Federal Tort Claims Act or the Military Personnel and Civilian Employees Claims Act. If you are injured during your authorized hours of work at your alternate workplace, you are covered by the Federal Employee Compensation Act Program. You must notify your supervisor immediately of any accident/injury that occurs at the alternate workplace and complete any required forms. The Department may investigate such a report immediately.
Inspections	You are subject to a physical inspection of your workplace, equipment, and records during normal working hours, upon reasonable notice, normally at least 24 hours in advance. If you are suspected of a security violation, an inspection may be unannounced, but during normal working hours.
Effect of Failure to Fulfill the Terms of This Agreement	This agreement will be terminated if you fail to fulfill its, or any amendments to its, terms.  Termination for reasons of misconduct/failure to protect equipment, records, and/or data may result in disciplinary action and/or suspension, or revocation of your security clearance, if appropriate.

## Flexible Workplace Safety Guide

- Ambient temperature, noise, ventilation, and lighting levels should be appropriate for comfort and normal level of job performance.
- All electrical equipment should be free of recognized hazards that would cause fire or electrical shock (i.e., frayed and loose wires, exposed and bare conductors, flexible wires running through doorways).
- Telephone lines, electrical, and extension cords should not pose a tripping hazard.
- Grounded (three-prong) electrical outlets should be available for use in work area.
- Power outlet strips should be fused to prevent overloading.
- Chairs should be adjustable to accommodate the employee, have a five-coaster base, be fitted with armrests, have sufficient back support, and feet should be able to reach the floor or be fully supported by a footrest.
- Work space should be neat, clean, and free of excessive amounts of combustibles.
- Floor and carpet surfaces should be well-secured, clean, dry, level, and free of worn/frayed seams.
- Work station (keyboard, monitor, and chair) should promote neutral posture (i.e., no prolonged or excessive joint or muscle strain should be experienced).
- View of the computer screen should be free from obstruction, noticeable glare or reflection, and positioned immediately in front of the employee at eye level when in use.

I hereby certify that the above Guide has been discussed with me and I understand the terms and conditions of the entire Flexiplace Agreement:

Employee Signature

Date

Approve/Disapprove Flexiplace Agreement:

Supervisor Signature

Date

Approve/Disapprove Supervisor's Recommendation:

Approving Official Signature

Date

Distribution of Flexiplace Agreement: Employee's Supervisor; Employee's Timekeeper; Flex Advisor